

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 73

For Official Use Only

Statement covers period

from 07/01/2019

through 12/31/2019

Date of election if applicable:
(Month, Day, Year)

03/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Ballot Measure Committee

☐ Primary Formed

☐ Controlled

☐ Sponsored

(Also Complete Part 6.)

☐ Primary Formed Candidate/
Officeholder Committee

(Also Complete Part 7.)

2. Type of Statement:

☐ Pre-election Statement

☒ Semi-annual Statement

☐ Termination Statement

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1414350

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Lorena Gonzalez for Assembly 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Chula Vista	CA	91911	(619)805-2790

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	

OPTIONAL: FAX/E-MAIL ADDRESS

nancy@haleyandcompany.com

Treasurer(s)

NAME OF TREASURER

Nancy Haley

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas		92024	619-708-9744

NAME OF ASSISTANT TREASURER, IF ANY

Danielle Stephen

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	619-708-9744

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/20/2020 By Nancy R Haley

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/20/2020 By Lorena Gonzalez

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lorena Gonzalez Fletcher

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Held: State Assembly Person

Assembly District

80

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

San Diego

CA

92105

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

Our Voice Our Vote Asm. Lorena Gonzalez Ballot Measure Committee

I.D.NUMBER

1385557

NAME OF TREASURER

Nancy Haley

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Encinitas

STATE
CA

ZIP CODE
92024

AREA CODE/PHONE
619-708-9744

COMMITTEE NAME

Lorena Gonzalez for Secretary of State 2022

I.D.NUMBER

1415713

NAME OF TREASURER

Nancy Haley

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Encinitas

STATE
CA

ZIP CODE
92024

AREA CODE/PHONE
619-708-9744

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2019 through 12/31/2019	CALIFORNIA FORM 460 Page 3 of 73 I.D. NUMBER 1414350
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$287,800.00	\$582,989.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$287,800.00	\$582,989.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$2,726.95	\$3,870.88
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$290,526.95	\$586,859.88

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$154,840.75	\$309,586.31
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$154,840.75	\$309,586.31
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$2,409.33)	\$29,463.03
10. Nonmonetary Adjustment	Schedule C, Line 3	\$2,726.95	\$3,870.88
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$155,158.37	\$342,920.22

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
3/3/2020	\$219,718.92

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$758,605.53	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$287,800.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$12,838.79	
15. Cash Payments	Column A, Line 8 above	\$154,840.75	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$904,403.57	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$29,463.03

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	12/31/2019	Page 4 of 73
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2019	CA Conf. Board Amalgamated Transit Union PAC- SCC Oakland, CA 94621 Committee ID: 761357	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,000.00	2020P: \$3,000.00
7/2/2019	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,700.00	\$6,200.00	2020P: \$4,700.00 2020G: \$1,500.00
7/2/2019	Sprint Phoenix, AZ 85082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
7/3/2019	Standing Comm. on Political Edu of the CA Labor Fed. AFL-CIO Sacramento, CA 95814 Committee ID: 741504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$9,300.00	\$9,300.00	2020P: \$9,300.00
7/11/2019	DRIVE Committee Washington, DC 20001-2130 Committee ID: C00032979	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,000.00	2020P: \$3,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$287,800.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$287,800.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2019	The Chemours Company FC, LLC Wilmington, DE 19899	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
7/19/2019	CA Independent Telephone PAC Sacramento, CA 95814 Committee ID: 771171	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
7/19/2019	Southern California Edison & Subsidiaries Rosemead, CA 91770-0700	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
7/22/2019	Best Best & Krieger LLP Riverside, CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,700.00	\$2,700.00	2020P: \$2,700.00
8/8/2019	CA Nations Indian Gaming Assoc. Sovereignty Protection Fund Los Angeles, CA 90071 Committee ID: 1266480	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2020P: \$2,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2019	Disney Worldwide Services Inc. Lake Buena Vista, FL 32830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
8/8/2019	H&R Block Kansas City, MO 64111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
8/8/2019	Hall Sports Ventures Walnut Creek, CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
8/8/2019	Pfizer, Inc. Memphis, TN 38120	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
8/12/2019	T-Mobile USA Inc. Bellevue, WA 98006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,000.00	2020P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>73</u>
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NAME OF FILER

Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/14/2019	Encore Capital Group, Inc. San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
8/14/2019	Foster Poultry Farms Livingston, CA 95334	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
8/16/2019	Western States Petroleum Association PAC San Rafael, CA 94901 Committee ID: 1414539	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
8/19/2019	The Boeing Company PAC Arlington, VA 22202 Committee ID: C00142711	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
8/20/2019	CA Mortgage Bankers Association PAC Sacramento, CA 95814-2741 Committee ID: 890152	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
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NAME OF FILER

Lorena Gonzalez for Assembly 2020

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8/20/2019	The Doctors' Company PAC (DOCPAC) Napa, CA 94558-6270 Committee ID: 923140	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,700.00	\$3,200.00	2020P: \$3,200.00
8/22/2019	CA Assn of Health Facilities PAC Sacramento, CA 95816-4922 Committee ID: 741816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
8/22/2019	Medical Insurance Exchange of CA PAC Oakland, CA 94618-1324 Committee ID: 1323065	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
8/23/2019	CA Permanente Medical Groups PAC Sacramento, CA 95814-4602 Committee ID: 992303	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
8/23/2019	California Orthopaedic Association PAC Sacramento, CA 95814 Committee ID: 822774	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
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NAME OF FILER

Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2019	Biogen Inc. Cambridge, MA 02142	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$5,000.00	2020P: \$4,700.00 2020G: \$300.00
8/27/2019	Biogen Inc. Cambridge, MA 02142	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$300.00	\$5,000.00	2020P: \$4,700.00 2020G: \$300.00
8/29/2019	CA Assn of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 Committee ID: 1235948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
8/29/2019	CA Medical Association PAC (CALPAC) Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$5,500.00	2020P: \$4,700.00 2020G: \$800.00
8/29/2019	Californians Allied for Patient Protection (CAPP) PAC Sacramento, CA 95814-3948 Committee ID: 920780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$2,100.00	2020P: \$2,100.00
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
		Page <u>10</u> of <u>73</u>
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2019	Cox Communications & Affiliated Entities San Diego, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,431.70	2020P: \$2,431.70
8/29/2019	Professional Engineers in CA Gov't. (PECG-PAC) Sacramento, CA 95814-4425 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$4,000.00	2020P: \$4,000.00
8/29/2019	Union of American Physicians & Dentists Medical Action Comm. Oakland, CA 94612 Committee ID: 1356185	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
8/30/2019	CSLEA PAC Sacramento, CA 95814-3963 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
8/30/2019	CSLEA PAC Sacramento, CA 95814-3963 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2019	CA Nurses Assn PAC (CNA PAC)- SCC Sacramento, CA 95814-4602 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$11,800.00	2020P: \$9,300.00 2020G: \$2,500.00
9/3/2019	PBF Holding Company LLC Parsippany, NJ 07054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,000.00	2020P: \$3,000.00
9/3/2019	Recording Industry Association of America PAC Washington, DC 20004 Committee ID: 943103	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$500.00	\$500.00	2020P: \$500.00
9/4/2019	Nossaman LLP Los Angeles, CA 90017-5800	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,700.00	\$4,700.00	2020P: \$4,700.00
9/4/2019	PACE of CA School Employees Assn PAC - SCC Sacramento, CA 95814 Committee ID: 1325942	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$6,000.00	2020P: \$6,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>73</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2019	Pharmaceutical Research & Manufacturers Assn of Am PAC Sacramento, CA 95814-3946 Committee ID: 1282378	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2020P: \$3,000.00
9/4/2019	Zenith Insurance Company Woodland Hills, CA 91367-5005	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2020P: \$2,500.00
9/5/2019	Pechanga Band of Luiseno Indians Temecula, CA 92593-1477	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,800.00	\$2,800.00	2020P: \$2,800.00
9/6/2019	CA Association for Nurse Practitioners PAC Sacramento, CA 95814 Committee ID: 860692	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
9/9/2019	Amgen Inc. State Political Contributions Acct. Alexandria, VI 22303	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	12/31/2019	Page 13 of 73

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NAME OF FILER

Lorena Gonzalez for Assembly 2020

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1414350

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2019	CA New Car Dealers Assn PAC Sacramento, CA 95814- Committee ID: 741623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,000.00	2020P: \$2,000.00
9/9/2019	CA Nurses Assn PAC (CNA PAC)- SCC Sacramento, CA 95814-4602 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$500.00	\$11,800.00	2020P: \$9,300.00 2020G: \$2,500.00
9/9/2019	California IATSE Council PAC Burbank, CA 91505 Committee ID: 1398390	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
9/9/2019	CCPOA PAC Sacramento, CA 95814-3963 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,700.00	\$4,700.00	2020P: \$4,700.00
9/9/2019	Health Net Companies, CA Hlth & Wellness, subsidiaries of Centene Inc. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$5,000.00	2020P: \$4,700.00 2020G: \$300.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460 Page <u>14</u> of <u>73</u>
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NAME OF FILER

Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2019	San Manuel Band of Mission Indians Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
9/10/2019	Los Angeles Police Protective League PAC Sacramento, CA 95814 Committee ID: 743579	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,600.00	\$9,300.00	2020P: \$4,700.00 2020G: \$4,600.00
9/10/2019	Los Angeles Police Protective League PAC Sacramento, CA 95814 Committee ID: 743579	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$9,300.00	2020P: \$4,700.00 2020G: \$4,600.00
9/11/2019	AT&T Inc. and its Affiliates Sacramento, CA 95814-3947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$700.00	\$4,700.00	2020P: \$4,700.00
9/11/2019	CA Conf. Board Amalgamated Transit Union PAC- SCC Oakland, CA 94621 Committee ID: 761357	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,000.00	2020P: \$3,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2019	CA Defense Counsel PAC Sacramento, CA 95814-3809 Committee ID: 850665	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
9/11/2019	Novartis Finance Corp. Fort Worth, TX 76134	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
9/12/2019	CA Apartment Assn PAC (CAAPAC Candidate Acct) Sacramento, CA 95814-2720 Committee ID: 745208	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
9/17/2019	Associated General Contractors PAC West Sacramento, CA 95691 Committee ID: 890194	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,000.00	2020P: \$3,000.00
9/17/2019	CA Hospital Association PAC Sacramento, CA 95814-3946 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
		Page <u>16</u> of <u>73</u>
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NAME OF FILER

Lorena Gonzalez for Assembly 2020

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9/19/2019	UCB Inc. Smyrna, GA 30080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
9/23/2019	AFSCME Council 57 PAC Long Beach, CA 90807 Committee ID: 1313474	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,500.00	\$3,500.00	2020P: \$3,500.00
9/28/2019	Bristol-Myers Squibb Company Tampa, FL 33622	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
9/28/2019	Chevron Corporation San Ramon, CA 94583	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
9/28/2019	CRC Services, LLC Northridge, CA 91328	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2020P: \$3,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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9/28/2019	Sempra Energy San Diego, CA 92101-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$6,200.00	2020P: \$4,700.00 2020G: \$1,500.00
9/28/2019	Sycuan Band of the Kumeyaay Nation El Cajon, CA 92019-1832	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,500.00	2020P: \$3,500.00
9/30/2019	CA Charter Schools Association Advocates Issues PAC Sacramento, CA 95814 Committee ID: 1343062	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
9/30/2019	Cooperative of American Physicians State PAC Los Angeles, CA 90071-3001 Committee ID: 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
10/3/2019	Biocom PAC San Diego, CA 92119-1695 Committee ID: 963088	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,000.00	\$4,000.00	2020P: \$4,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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10/3/2019	Genentech, Inc. South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$3,500.00	2020P: \$3,500.00
10/3/2019	Phillips 66 Company Houston, TX 77042-3706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
10/7/2019	CA Dental Association PAC (CDA PAC)- SCC Sacramento, CA 95814-4439 Committee ID: 742855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$2,200.00	\$4,700.00	2020P: \$4,700.00
10/9/2019	CA Professional Firefighters PAC- SCC Sacramento, CA 95833-3633 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$9,300.00	2020P: \$9,300.00
10/9/2019	Eli Lilly and Company PAC Indianapolis, IN 46285-0001 Committee ID: C00082792	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460 Page <u>19</u> of <u>73</u> I.D. Number 1414350

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10/9/2019	IATSE Local 600 PAC Los Angeles, CA 90046 Committee ID: 943521	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
10/11/2019	Gilead Sciences, Inc. Foster City, CA 94404-1147	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
10/14/2019	Southwest Regional Council of Carpenters Pol Action Fund -SCC Los Angeles, CA 90071-1715 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$9,300.00	\$9,300.00	2020P: \$9,300.00
10/14/2019	UPSPAC Atlanta, GA 30328 Committee ID: C00064766	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,000.00	\$4,000.00	2020P: \$4,000.00
10/15/2019	Paramount Corp. US Los Angeles, CA 90038	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
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10/17/2019	T-Mobile USA Inc. Bellevue, WA 98006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,000.00	2020P: \$2,000.00
10/23/2019	ChargePoint Inc. Campbell, CA 95008	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
10/23/2019	E-W Services Inc. Pasadena, CA 91101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$500.00	\$500.00	2020P: \$500.00
10/28/2019	Sacramento County Probation Assn PAC Sacramento, CA 95814 Committee ID: 1315755	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2020P: \$2,500.00
10/29/2019	Frontier Communications Corp. Norwalk, CT 06851	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460 Page <u>21</u> of <u>73</u> I.D. Number 1414350

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2019	Johnson & Johnson Corp. Political Fund Washington, DC 20005 Committee ID: C00010983	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
10/30/2019	Charter Communications St. Louis, MO 63131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,100.00	\$3,600.00	2020P: \$3,600.00
10/31/2019	Faculty For Our Univ. Future, A Comm. Sponsored by the CA Faculty Assn.-SCC Sacramento, CA 95814 Committee ID: 850007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
11/5/2019	L.A. County Probation Officers Union AFSCME, Local 685 PAC Los Angeles, CA 90057 Committee ID: 744558	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,500.00	\$2,500.00	2020P: \$2,500.00
11/7/2019	Ventura Co. Prof. Peace Officers Assn. PAC Ventura, CA 93006 Committee ID: 1255226	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	12/31/2019	Page 22 of 73

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

I.D. Number
1414350

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2019	DRIVE Committee Washington, DC 20001-2130 Committee ID: C00032979	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,000.00	2020P: \$3,000.00
11/14/2019	AbbVie PAC - Federal North Chicago, IL 60064 Committee ID: C00536573	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2020P: \$3,000.00
11/18/2019	Comcast Financial Agency Corp. Philadelphia, PA 19103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$6,000.00	2020P: \$4,700.00 2020G: \$1,300.00
11/18/2019	Comcast Financial Agency Corp. Philadelphia, PA 19103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$700.00	\$6,000.00	2020P: \$4,700.00 2020G: \$1,300.00
11/18/2019	LeadingAge California PAC Sacramento, CA 95814 Committee ID: 1371227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
Page <u>23</u> of <u>73</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/19/2019	Abbott Laboratories Employee PAC Abbott Park, IL 60064-3502 Committee ID: 1332968	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,500.00	\$3,500.00	2020P: \$3,500.00
11/19/2019	Alaska Airlines Seattle, WA 98168	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,300.00	\$1,300.00	2020P: \$1,300.00
11/21/2019	Exxon Mobil Corporation Sacramento, CA 95814-3919	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
11/25/2019	BrightSpring Legacy Fund Louisville, KY 40222 Committee ID: C00344663	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020G: \$1,000.00
11/25/2019	CA Nurses Assn PAC (CNA PAC)- SCC Sacramento, CA 95814-4602 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$11,800.00	2020P: \$9,300.00 2020G: \$2,500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
		Page <u>24</u> of <u>73</u>
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/25/2019	CA Professional Firefighters PAC- SCC Sacramento, CA 95833-3633 Committee ID: 744058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$3,300.00	\$9,300.00	2020P: \$9,300.00
11/25/2019	Manatt, Phelps & Phillips, LLP Los Angeles, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
11/25/2019	Professional Engineers in CA Gov't. (PECG-PAC) Sacramento, CA 95814-4425 Committee ID: 822501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$4,000.00	2020P: \$4,000.00
11/29/2019	State Coalition of Probation Organizations PAC Sacramento, CA 95826 Committee ID: 911856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,000.00	\$4,000.00	2020P: \$4,000.00
12/2/2019	CA Nurses Assn PAC (CNA PAC)- SCC Sacramento, CA 95814-4602 Committee ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$11,800.00	2020P: \$9,300.00 2020G: \$2,500.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>		CALIFORNIA FORM 460
Page <u>25</u> of <u>73</u>		
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. Number 1414350

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/2019	Nat'l Assn of Insurance & Financial Advisors CA PAC Sacramento, CA 95814 Committee ID: 743365	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
12/2/2019	PACE of CA School Employees Assn PAC - SCC Sacramento, CA 95814 Committee ID: 1325942	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$6,000.00	2020P: \$6,000.00
12/9/2019	CA Pawnbrokers Assn PAC Sacramento, CA 95814-3228 Committee ID: 743255	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$2,000.00	2020P: \$2,000.00
12/9/2019	Genentech, Inc. South San Francisco, CA 94080	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$3,500.00	2020P: \$3,500.00
12/11/2019	Verizon Tulsa, OK 74121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,400.00	\$4,400.00	2020P: \$4,400.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2019 through 12/31/2019		CALIFORNIA FORM 460 Page 26 of 73
I.D. Number 1414350		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/16/2019	Allergan USA Inc. Irvine, CA 92612-1531	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
12/17/2019	Health Net Companies, CA Hlth & Wellness, subsidiaries of Centene Inc. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$300.00	\$5,000.00	2020P: \$4,700.00 2020G: \$300.00
12/17/2019	Health Net Companies, CA Hlth & Wellness, subsidiaries of Centene Inc. Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,700.00	\$5,000.00	2020P: \$4,700.00 2020G: \$300.00
12/20/2019	CA Medical Association PAC (CALPAC) Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$800.00	\$5,500.00	2020P: \$4,700.00 2020G: \$800.00
12/20/2019	CA Medical Association PAC (CALPAC) Sacramento, CA 95814-2949 Committee ID: 742617	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$700.00	\$5,500.00	2020P: \$4,700.00 2020G: \$800.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
		Page <u>27</u> of <u>73</u>
		I.D. Number 1414350

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NAME OF FILER

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12/20/2019	CA Teachers Assn Assn for Better Citizenship Burlingame, CA 94010-4504 Committee ID: 741941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$9,300.00	\$9,300.00	2020P: \$9,300.00
12/20/2019	Greater Anesthesia Service and PAC Sacramento, CA 95814-3809 Committee ID: 760981	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
12/27/2019	Caterpillar Employees PAC Peoria, IL 61629-0001 Committee ID: 1307878	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
12/27/2019	Govern for California Courage Committee San Rafael, CA 94901 Committee ID: 1392639	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,200.00	\$4,700.00	2020P: \$4,700.00
12/27/2019	Horizon Therapeutics USA Inc. Lake Forest, IL 60045	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u>		CALIFORNIA FORM 460
through <u>12/31/2019</u>		
		Page <u>28</u> of <u>73</u>
		I.D. Number 1414350

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NAME OF FILER

Lorena Gonzalez for Assembly 2020

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12/30/2019	APA Talent Agency Beverly Hills, CA 90212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
12/30/2019	Association of Talent Agents PAC Los Angeles, CA 90069 Committee ID: 1353447	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$3,000.00	\$3,000.00	2020P: \$3,000.00
12/30/2019	Blue Diamond Growers State PAC Sacramento, CA 95811 Committee ID: 771333	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,500.00	\$1,500.00	2020P: \$1,500.00
12/30/2019	CA State Association of Electrical Workers SCC San Diego, CA 92123 Committee ID: 743107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$9,300.00	\$9,300.00	2020P: \$9,300.00
12/30/2019	CA State Pipe Trades Council Pol. Action Fund- SCC Sacramento, CA 95814-3908 Committee ID: 743895	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	N/A N/A	\$9,300.00	\$9,300.00	2020P: \$9,300.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	12/31/2019	Page 29 of 73

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

I.D. Number

1414350

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/30/2019	Mark D. Fabiani La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Los Angeles Chargers Special Counsel	\$1,000.00	\$1,000.00	2020P: \$1,000.00
12/30/2019	Mercury General Corporation Los Angeles, CA 90010-3710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$4,700.00	\$4,700.00	2020P: \$4,700.00
12/30/2019	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460-0517	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$2,000.00	\$2,000.00	2020P: \$2,000.00
12/30/2019	Southwest Airlines Co. Dallas, TX 75235	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$1,000.00	\$1,000.00	2020P: \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$287,800.00		

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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE B - PART 1

Statement covers period
from 07/01/2019
through 12/31/2019

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
	Page <u>31</u> of <u>73</u>
I.D. Number 1414350	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/21/2019	Californians Allied for Patient Protection (CAPP) PAC Sacramento, CA 95814-3948 Committee ID: 920780	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$600.00	\$2,100.00	2020P: \$2,100.00
8/26/2019	Diageo Sacramento, CA 95816	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$695.25	\$695.25	2020P: \$695.25
9/25/2019	Cox Communications & Affiliated Entities San Diego, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$1,350.00	\$2,431.70	2020P: \$2,431.70
8/16/2019	Cox Communications & Affiliated Entities San Diego, CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	FND	\$81.70	\$2,431.70	2020P: \$2,431.70

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,726.95

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$2,726.95
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$2,726.95

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 07/01/2019

through 12/31/2019

CALIFORNIA
FORM **460**

Page 33 of 73

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Lorena Gonzalez for Assembly 2020

I.D. NUMBER

1414350

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/5/2019	Payee Name: Betancourt for Assembly 2019 Candidate Name: Elizabeth Betancourt State Assembly Person District 1 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/7/2019	Sacramento County Young Democrats	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	2020P: \$500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
8/28/2019	College Democrats at Sac State	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$100.00	\$150.00	2020P: \$150.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$58,750.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$58,750.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2019

through 12/31/2019

CALIFORNIA
FORM 460

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NAME OF FILER
 Lorena Gonzalez for Assembly 2020

I.D. NUMBER
 1414350

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$250.00	\$39,577.55	2020P: \$39,577.55
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$38,800.00	\$39,577.55	2020P: \$39,577.55
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/28/2019	Payee Name: Georgette Gomez for Congress Candidate Name: Georgette Gomez U.S. House of Representatives District 53 Jurisdiction: California	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2019	Payee Name: Das Williams for Supervisor 2020 Candidate Name: Das Williams County Supervisor District 1 Jurisdiction: Santa Barbara County	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through 12/31/2019		Page 35 of 73
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/2/2019	San Diego County Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/16/2019	Payee Name: Melissa Fox for State Assembly 2020 Candidate Name: Melissa Fox State Assembly Person District 68 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/20/2019	Payee Name: Jones-Sawyer for Assembly 2020 Candidate Name: Reginald Byron Jones-Sawyer, Sr. State Assembly Person District 59 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,900.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/28/2019	Payee Name: Lisa Calderon for Assembly 2020 Candidate Name: Lisa Calderon State Assembly Person District 57 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,700.00	\$4,700.00	2020P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$58,750.00		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2019 through 12/31/2019	CALIFORNIA FORM 460 Page 36 of 73 I.D. NUMBER 1414350
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
State of California Sacramento, CA 94249-0001	OFC	Incidental Non-State Use Account	\$100.00
Haley & Company LLC Encinitas, CA 92024	PRO		\$2,585.67
Evan McLaughlin Sacramento, CA 95819	MTG	Reimb. for Mileage, Meals, Transportation, Office Supplies	\$853.63

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$154,840.75
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$154,840.75

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mary Latibashvili San Diego, CA 92110	OFC			\$117.44
American Express Los Angeles, CA 90096	OFC		See Sch. G for Expenditures Over \$100	\$3,670.62
Aida C. Castaneda San Diego, CA 92102	CNS			\$125.00
22nd District Legionnaire San Diego, CA 91203	PRT			\$100.00
Betancourt for Assembly 2019 Sacramento, CA 95815	CTB			\$1,000.00
Committee ID: 1419439				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego & Imperial Counties Labor Council San Diego, CA 92108-4010	MTG			\$2,500.00
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$4,400.00
Haley & Company LLC Encinitas, CA 92024	PRO			\$2,857.05
Sacramento County Young Democrats Sacramento, CA 95814	CTB			\$500.00
Committee ID: 931680 Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2019 through 12/31/2019		CALIFORNIA FORM 460 Page 39 of 73
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RCBS Payroll Services Sacramento, CA 95814	PRO			\$73.50
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
American Express Los Angeles, CA 90096	OFC		See Sch. G for Expenditures over \$100	\$1,238.54
College Democrats at Sac State Sacramento, CA 95819	CTB			\$100.00
Committee ID: 1394659 California Democratic Party Sacramento, CA 95811	CTB			\$250.00
Committee ID: 741666				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through 12/31/2019		Page 40 of 73
NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Evan McLaughlin Sacramento, CA 95819	TRS		Staff Reimb. for Mileage etc.	\$251.72
Jones-Sawyer for Assembly 2020 Sacramento, CA 95814	MTG		Reimb.: End of Session Leg. Reception	\$200.00
Committee ID: 1414383 David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
Haley & Company LLC Encinitas, CA 92024	PRO			\$2,250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express Los Angeles, CA 90096	OFC		See Sch. G for Expenditures over \$100	\$7,861.35
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$24,645.00
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2019		
through 12/31/2019		Page 43 of 73
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811	CTB			\$38,800.00
Committee ID: 741666 Georgette Gomez for Congress Los Angeles, CA 90017	CTB			\$1,000.00
Committee ID: C00719112 State Compensation Insurance Fund San Francisco, CA 94120	OFC			\$81.00
Evan McLaughlin Sacramento, CA 95819	CMP			\$299.61
Haley & Company LLC Encinitas, CA 92024	PRO			\$2,550.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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NAME OF FILER
Lorena Gonzalez for Assembly 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Haley & Company LLC Encinitas, CA 92024	PRO			\$300.00
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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NAME OF FILER
Lorena Gonzalez for Assembly 2020

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express Los Angeles, CA 90096	OFC		See Sch. G for Expenditures over \$100	\$1,263.01
Das Williams for Supervisor 2020 Santa Barbara, CA 93101	CTB			\$2,000.00
Committee ID: 1376702 Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2019		
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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NAME OF FILER
Lorena Gonzalez for Assembly 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00
Haley & Company LLC Encinitas, CA 92024	PRO			\$2,550.00
Secretary of State Sacramento, CA 95814	FIL			\$1,059.30
Evan McLaughlin Sacramento, CA 95819	TRS		Staff Reimb. for Mileage etc.	\$128.64
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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NAME OF FILER
Lorena Gonzalez for Assembly 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
County of San Diego San Diego, CA 92123	FIL			\$2,842.00
Aida C. Castaneda San Diego, CA 92102	TRS		CA Dem Party Convention Expenses	\$214.91
American Express Los Angeles, CA 90096	OFC		See Sch. G for Expenditures over \$100	\$5,805.51

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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NAME OF FILER
Lorena Gonzalez for Assembly 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
San Diego County Democratic Party San Diego, CA 92123	CTB			\$1,000.00
Committee ID: 741906 David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS			\$2,200.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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Lorena Gonzalez for Assembly 2020

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Haley & Company LLC Encinitas, CA 92024	PRO			\$2,591.62
Secretary of State Sacramento, CA 95814	FIL			\$50.00
State Compensation Insurance Fund San Francisco, CA 94120	OFC			\$419.84
Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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Lorena Gonzalez for Assembly 2020

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
Melissa Fox for State Assembly 2020 Irvine, CA 92604	CTB			\$4,700.00
Committee ID: 1414969 Lucero Chavez Chula Vista, CA 91910	OFC			\$129.80
Aida C. Castaneda San Diego, CA 92102	OFC			\$181.23
Jones-Sawyer for Assembly 2020 Sacramento, CA 95814	CTB			\$4,700.00
Committee ID: 1414383				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
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NAME OF FILER Lorena Gonzalez for Assembly 2020		I.D. NUMBER 1414350

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Lorena Gonzalez for Assembly 2020

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lisa Calderon for Assembly 2020 Los Angeles, CA 90017	CTB			\$4,700.00
Committee ID: 1423176 Aida C. Castaneda San Diego, CA 92102	SAL			\$221.70
RCBS Payroll Services Sacramento, CA 95814	PRO			\$64.00
RCBS Payroll Services Sacramento, CA 95814	SAL			\$62.43
American Express Los Angeles, CA 90096	OFC		See Sch. G for Expenditures Over \$100	\$9,577.46

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$154,840.75

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2019
through 12/31/2019

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Haley & Company LLC Encinitas, CA 92024	PRO	\$2,585.67	\$0.00	\$2,585.67	\$0.00
Evan McLaughlin Sacramento, CA 95819	MTG Reimb. for Mileage, Meals, Transportation, Office Supplies	\$853.63	\$0.00	\$853.63	\$0.00
Mary Latibashvili San Diego, CA 92110	OFC	\$117.44	\$0.00	\$117.44	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$29,463.03
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$31,872.36
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$2,409.33)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

Statement covers period
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FORM **460**

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NAME OF FILER
Lorena Gonzalez for Assembly 2020

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1414350

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS	\$24,645.00	\$0.00	\$24,645.00	\$0.00
American Express Los Angeles, CA 90096	OFC See Sch. G for Expenditures Over \$100	\$3,670.62	\$0.00	\$3,670.62	\$0.00
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS	\$0.00	\$2,200.00	\$0.00	\$2,200.00
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS	\$0.00	\$12,029.00	\$0.00	\$12,029.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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to whole dollars.

Statement covers period
from 07/01/2019
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NAME OF FILER
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Haley & Company LLC Encinitas, CA 92024	PRO	\$0.00	\$2,567.84	\$0.00	\$2,567.84
Evan McLaughlin Sacramento, CA 95819	TRS Reimb. for Parking & Lyft Transportation	\$0.00	\$159.23	\$0.00	\$159.23
David Pruitt Consulting, LLC Sacramento, CA 95814-3989	CNS	\$0.00	\$11,997.00	\$0.00	\$11,997.00
Chase Ink Card Services Wilmington, DE 19850	FND Reimb. to Fundraiser: See Sch. G	\$0.00	\$509.96	\$0.00	\$509.96
SUBTOTALS		\$31,872.36	\$29,463.03	\$31,872.36	\$29,463.03

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
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NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$182.49
River Cats Foundation Sacramento, CA 95814	CVC			\$300.00
Sheraton Gateway Hotel Los Angeles, CA 90045	OFC		7/27/19: Food & Bev for Leg Mtg. w/Candidate, 1 Staff & 2 Guests	\$139.81
Amazon.com Seattle, WA 98144-2799	OFC			\$110.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$732.42

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2019
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

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American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amtrak Washington, DC 20002-4214	TRC		9/2/19: Candidate & Spouse travel to LA for Labor Day Rally & March	\$248.00
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$182.73
Bangkok @ 12 Thai Rest. Sacramento, CA 95814	MTG		9/13/19: Food & Bev for Leg Mtg. w/Candidate +17 Staff	\$126.16
BevMo Sacramento, CA 95811	MTG		9/4/19: Refreshments w/Various Members Honoring Sabrina Cervantes	\$129.34

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TOTAL* \$686.23

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FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brasserie Capitale Sacramento, CA 95814	FND			\$1,547.38
Buckhorn Grill Sacramento, CA 95811	MTG	8/25/19: Leg Mtg. w/Candidate +9 Staff		\$301.65
Four Points Sheraton San Jose Airport San Jose, CA 95112	TRC	8/23-8/24/19: Candidate & Staff Lodging for CA Dem Party Executive Board Mtg.		\$708.32
Ike's Love & Sandwiches Sacramento, CA 95814	MTG	9/9/19: Food & Bev for Leg Mtg. w/Candidate +17 Staff		\$120.58

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2677.93

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mosaic Restaurant San Jose, CA 95113	MTG		8/24/19: Food & Bev for Leg Mtg. w/Candidate, Family Member, 1 Staff & 1 Supporter	\$168.52
Mother / ChowNow Inc. Los Angeles, CA 90094	MTG		09/05/19: Food & Bev for Leg Lunch Mtg. w/Candidate +12 Staff	\$238.84
Pizza Rock Sacramento, CA 95814-3804	MTG		9/11/19: Food & Bev for Leg Mtg. w/Candidate +17 Staff	\$104.61
Pizza Supreme Being Sacramento, CA 95814	MTG		08/30/19: Food & Bev for Leg Staff Mtg. (16 total)	\$127.56

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$639.53

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Schedule G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Safeway Store Sacramento, CA 95811	MTG		9/3/19: Food & Bev for Leg Mtg. w/Candidate +8 Staff	\$120.76
Safeway Store Sacramento, CA 95811	MTG		9/10/19: Food & Bev for Leg Mtg. w/Candidate +17 Staff	\$113.97
Sheraton Grand Sacramento Hotel Sacramento, CA 95814-2907	MTG		08/26/19: Food & Bev for Pol Mtg. w/Candidate + 4	\$205.03
Sheraton Grand Sacramento Hotel Sacramento, CA 95814-2907	MTG		9/6/19: Food & Bev for Pol Mtg. w/Candidate, Spouse, 1 Staff & 1 Guest	\$117.88

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TOTAL* \$557.64

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Schedule G

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	TRS		Staff: 8/24-8/25/19 SAN-SJC for CA Dem Party Executive Board Mtg.	\$338.96
Ten Ten Room Sacramento, CA 95814	FND			\$489.50
The Citizen Hotel / Grange Sacramento, CA 95814-2703	FND			\$762.16
The Citizen Hotel / Grange Sacramento, CA 95814-2703	FND			\$644.60

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2235.22

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$182.73
Ironside Fish & Oyster Bar San Diego, CA 92101-2516	MTG		9/23/19 Food & Bev for Pol Mtg. w/Candidate +1	\$121.86
Apple Store Sacramento, CA 95815-4030	OFC			\$1,310.35
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$182.73

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TOTAL* \$1797.67

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bangkok @ 12 Thai Rest. Sacramento, CA 95814	MTG		10/30/19: Farewell Lunch for Leg Staffer (18 total)	\$116.96
House of Blues Las Vegas, NV 89119	MTG		10/25/19: Leg Mtg. w/Candidate, Family Member, Staffer +1 Asm. Member	\$100.52
Ironside Fish & Oyster Bar San Diego, CA 92101-2516	FND			\$396.76
Mikuni Japanese Restaurant & Sushi Bar Sacramento, CA 95814-2052	MTG		11/5/19: Food & Bev for Pol Mtg. w/Candidate +2	\$121.03

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TOTAL* \$735.27

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton Fisherman's Wharf San Francisco, CA 94133	TRC		11/2/19: Lodging for Candidate & Spouse, Bay Area Political Events	\$311.73
Sheraton Fisherman's Wharf San Francisco, CA 94133	TRS		11/2/19 Staff Lodging for Bay Area Political Events	\$263.78
Southwest Airlines Dallas, TX 75235-1908	TRC		11/3/19: SFO-SAN for Leg. Duties	\$239.97
Southwest Airlines Dallas, TX 75235-1908	TRC		11/2/19: SAN-OAK for Leg Duties	\$257.98

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TOTAL* \$1073.46

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Southwest Airlines Dallas, TX 75235-1908	TRS		11/15/19: Staff SMF-LGB, CA Dem Party Convention	\$166.98
Southwest Airlines Dallas, TX 75235-1908	TRS		11/17/19: Staff LGB-SMF, CA Dem Party Convention	\$224.98
Southwest Airlines Dallas, TX 75235-1908	TRS		11/17/19: Staff LGB-SMF, CA Dem Party Convention	\$224.98
Southwest Airlines Dallas, TX 75235-1908	TRS		11/17/19: Staff LGB-SMF, CA Dem Party Convention	\$224.98

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TOTAL* \$841.92

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	TRS		11/17/19: Staff LGB-SMF, CA Dem Party Convention	\$224.98
Southwest Airlines Dallas, TX 75235-1908	TRS		11/15/19: Staff SMF-LGB, CA Dem Party Convention	\$166.98
Southwest Airlines Dallas, TX 75235-1908	TRS		11/15/19: Staff SMF-LGB, CA Dem Party Convention	\$166.98
Amtrak Washington, DC 20002-4214	TRC		12/19/19: Transportation to Presidential Debate in Los Angeles, CA	\$130.10

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TOTAL* \$689.04

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Mobility Carol Stream, IL 60197-6463	OFC			\$185.82
California Pizza Kitchen Long Beach, CA 90802	MTG		11/17/19: Food & Bev during CA Dem Party Convention	\$197.11
Courtyard Long Beach, CA 90802	TRC		11/15 - 11/16/19: Lodging during CA Dem Party Convention	\$622.18
Frank Fat's Sacramento, CA 95814-3606	FND			\$929.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1935.01

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

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American Express

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hilton International Caribe San Juan, PR 00901	TRC		12/1-12/3/19: Meals w/Spouse during Nat'l Hispanic Caucus of State Legislators Conference.	\$300.20
Kristal Graphics Canoga Park, CA 91303-1852	CMP			\$1,743.00
Long Beach Cafe Long Beach, CA 90802	MTG		11/16/19: Delegate Appreciation Breakfast @ CA Dem Party Convention	\$2,400.00
Rock Bottom Long Beach, CA 90802	MTG		11/16/19: Food & Bev for Pol Mtg. w/San Fernando Valley Young Dem's @ CA Dem Party Convention(15 total)	\$303.34

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4746.54

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Royal Mandarin National City, CA 91950	MTG		12/14/19: Annual Holiday Party	\$189.22
San Diego Taco Catering San Diego, CA 92113	MTG		12/14/19: Annual Holiday Party	\$225.00
Save Mart Sacramento, CA 95819	OFC		12/6/19: Food & Bev for Leg Mtg. w/Candidate +8 Staff	\$103.18
The AULD Dubliner Long Beach, CA 90813	MTG		11/15/19: Food & Bev for Pol Mtg. w/Candidate, Spouse +3	\$115.81

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$633.21

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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1414350

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Westin Long Beach Long Beach, CA 90802	MTG		11/16/19: Food & Bev during CA Dem Party Convention	\$125.83
Westin Long Beach Long Beach, CA 90802	TRC		11/15 - 11/16/19: Lodging during CA Dem Party Convention	\$435.44
Westin Long Beach Long Beach, CA 90802	TRS		11/15 - 11/16/19: Lodging during CA Dem Party Convention	\$435.44

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$996.71

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
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CALIFORNIA
FORM **460**

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Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Chase Ink Card Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235-1908	FND		12/18/19: SMF-BUR for FND	\$509.96

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$509.96

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

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Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
8/5/2019	Tasha Boerner Horvath for Assembly 2020 Encinitas, CA 92024 Filer ID: 1414240	Reimb. Delegates Bkfst @ CA Dem Party Convention (Spring Mtg.)	\$1,037.50
9/25/2019	Lorena Gonzalez for Secretary of State 2022 Encinitas, CA 92024 Filer ID: 1415713	Reimb. for Supplies @ SOS Kick-Off FND	\$336.29
11/22/2019	Re-Elect Senator Atkins 2020 Encinitas, CA 92024 Filer ID: 1393189	Reimb. Delegates Bkfst @ CA Dem Party Convention	\$400.00
11/22/2019	Todd Gloria for Assembly 2020 Encinitas, CA 92024 Filer ID: 1416118	Reimb. Delegates Bkfst @ CA Dem Party Convention	\$400.00
11/25/2019	Maienschein for Assembly 2020 La Mesa, CA 91942 Filer ID: 1414261	Reimb. Delegates Bkfst @ CA Dem Party Convention	\$400.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
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SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
Lorena Gonzalez for Assembly 2020

I.D. NUMBER
1414350

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12/2/2019	Dr. Weber for Assembly 2020 Sacramento, CA 95834 Filer ID: 1414839	Reimb. Delegates Bkfst @ CA Dem Party Convention	\$400.00
12/5/2019	Tasha Boerner Horvath for Assembly 2020 Encinitas, CA 92024 Filer ID: 1414240	Reimb. Delegates Bkfst @ CA Dem Party Convention	\$400.00
12/20/2019	Christy Smith for Asssembly 2020 Valencia, CA 91355 Filer ID: 1414296	Contribution Refund P2020	\$4,700.00
12/20/2019	Christy Smith for Asssembly 2020 Valencia, CA 91355 Filer ID: 1414296	Contribution Refund G2020	\$4,700.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$12,773.79

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$12,773.79
2. Unitemized increases to cash under \$100 this period.	\$65.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$12,838.79

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC